RCRA COMPLIANCE AND ENFORCEMENT BRANCH
ENFORCEMENT CASE RECOMMENDATION
WORKSHEET[1]

EPA ID NUMBER: PA ID #05-02286	FACILITY NAME: PA-TPK BURNT CABINS MAINTENANCE
CASE REVIEW OFFICER: GREG KOLTONUK	REVIEW START DATE: 6/14/00

FINDINGS OF INITIAL CASE REVIEW:

THIS INSPECTION, CONDUCTED BY THE EPA-FORT MEADE, MD OFFICE, IS PART OF THE PA-TURNPIKE INITIATIVE. THE SUBJECT FACILITY IS LOCATED IN SHADE GAP, PA (HUNTINGDON COUNTY). INSPECTION DATE: 3/15/00.

DISPOSITION RECOMMENDATION: JUD REF APO AO NOV 3013 7003 (CLOSE) OTHER:

JUSTIFICATION FOR RECOMMENDATION:

THE FACILITY IS IN COMPLIANCE

CONCURRENCE SECTION

CASE REVIEW OFFICER	Greg Koltonuk	DATE: 6/15/00
UNIT COORDINATOR	[signature]	DATE: 6/15/00
ENFORCEMENT COORDINATOR	[signature]	DATE: 6/15/00

[1] This is a pre-decisional document protected by the deliberative process and attorney work product privileges (and may also be privileged attorney-client communication). Conclusions or recommendations are intended solely as primary information for government personnel. This worksheet contains tentative conclusions and staff-level recommendations and does not create any rights, or procedural, or defenses, as they are not binding on the Agency or the Department of Justice.

1 Gen K Rec'd 3-31-00

Facility ID Number 05-02286

Leak Detection Inspection

Pennsylvania Turnpike Commission Owner Name (Corporation, Individual, Public Agency or other entity)	Burnt Cabins Maintenance Facility Name or Company Site Identifier, if different from left
P. O. Box 67676 Street Address	Ster Route 3 - Box 522 MP 186.03 Street Address or State Road, as applicable
Harrisburg Pa 17106-7676 City State Zip Code	Shade Gap Pa 17255 City (nearest) State Zip Code
717 939 9551 Ext. 3731 Area Code Phone Number	Area Code Phone Number
Deann S. Metro Donald L. Bohm Ext. 3660 Contact Person At UST Location	Number of Tanks at This Location: 3

Does The Facility Have a Financial Assurance Mechanism? Yes ✔ No ___
(PROVIDE COMMENTS AS TO COMPLIANCE STATUS FOR 40 C.F.R. PART 280 SUBPART H.)

Tank presently in use (✔)	Tank 004	Tank 005	Tank 006	Tank 4
If not, date last used				
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed	12-01-91	12-01-91	12-01-91	
Material of Construction (Tank / Pipe)	FRP/FRP	FRP/FRP	FRP/Copper/FRP	
Capacity of Tank (in gallons)	6,000	6,000	1,000	
Substance Stored	Gasoline	Diesel	Kerosene	
IV				
Manual Tank Gauging (tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging				
Vapor, Groundwater or **Interstitial Monitoring**	✔	✔	✔	
Other approved method				
IV				
Check Pressurized (P) or Suction (S) Piping for each tank	P	P	S	
Automatic Line Leak Detectors, and check one				
Vapor or Groundwater Monitoring				
Secondary Containment with Monitoring	✔	✔		
Line Tightness Testing				

I Gerard R. Donovan, Jr. certify that I have inspected the above named facility on 03/15/00
(print name) month/day/year

Inspector's Signature: Gerard R. Donovan Date: 03/15/00

Facility ID Number 05-02286

Leak Detection for Piping

Set 1	Tank 004	Tank 005	Tank 006	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device	✔	✔		
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Interstitial Monitoring	✔	✔		
If Interstitial Monitoring, documentation of monthly monitoring is available				
Ground-Water or Vapor Monitoring				
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)				
Line Tightness Testing (required every 3 years)			12-01-91	
Secondary Containment with Interstitial Monitoring			✔	
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure				
Has only one check valve, which is located directly under pump				
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable				

On the back of th... and location of wells and their...

Comments:

1,000 Gallon Tank for turbine generator

Inspector's Signature:

Date: 03/15/00

Facility ID Number 05-02286

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: _____

Address of tank tightness tester: _____

Please complete [illegible]

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?				

[illegible]

Owner/operator can explain inventory control methods and figures used and recorded.	Yes	No
Records include monthly water monitoring.	Yes	No
Tank inventory reconciled before and after fuel delivery.	Yes	No
Books are reconciled monthly.	Yes	No
Appropriate calibration chart is used for calculating volume.	Yes	No
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No
Owner can demonstrate consistency in dipsticking techniques.	Yes	No
The dipstick is long enough to reach the bottom of the tank.	Yes	No
The ends of the gauge stick are flat and not worn down.	Yes	No
The dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes	No
The tank has been tested within the year & has passed the tightness test (if necessary).	Yes	No
A third-party certification of the tank tightness test method is available.	Yes	No
Tank tester complied with all certification requirements.	Yes	No
Monitoring and testing are maintained and available for the past 12 months.	Yes	No

Comments: _____

NOT USED

Inspector's Signature: _____ Date: 03/15/00

Vapor Monitoring

Name of monitoring device: NOT USED

Date system installed ______ Number of monitoring wells ______

Distance of monitoring well(s) from tank(s) (1) ______ (2) ______ (3) ______ (4) ______

Site assessment was conducted by: ______

Location of site assessment documentation: ______

Please [illegible] more than 4 tanks [illegible] additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Well is clearly marked and secured.				
Well caps are tight.				
Well is constructed so that monitoring device is not rendered inoperative by moisture or other interferences.				
Well is free of debris or has other indications that it has been recently checked.				

[illegible]

UST excavation zone was assessed prior to vapor monitoring system installation.	Yes	No
One or more USTs is/are included in system.	Yes	No

If the system is automatic, check the following:

Power box is accessible and power light is on.	Yes	No
Documentation of monthly readings is available for last 12 months.	Yes	No
Equipment used to take readings is accessible and functional.	Yes	No
Vapor monitoring equipment has been calibrated within the last year.	Yes	No

If the system is manual, check the following:

Documentation of monthly readings is available for last 12 months.	Yes	No
Equipment used to take readings is accessible and functional.	Yes	No
Vapor monitoring equipment has been calibrated within the last year.	Yes	No
Porous material was used for backfill.	Yes	No
Wells are placed within the excavation zone.	Yes	No
Level of background contamination is known. If so -- what is level?	Yes	No

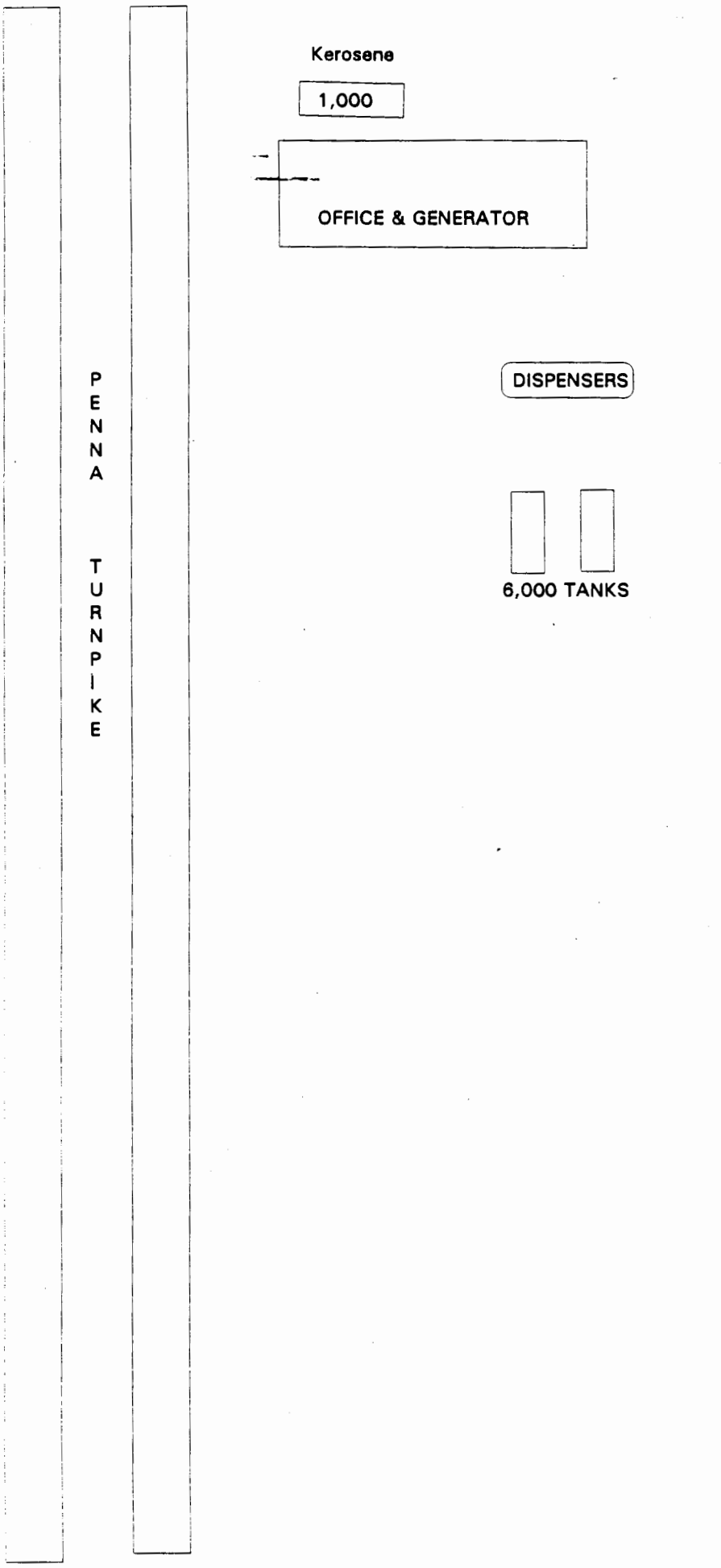
On the back of this sheet, please sketch [illegible] piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: ______

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Site Sketch/Photo Log



Facility ID Number 05-02286

Manual Tank Gauging

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4):_____

Records show liquid level measurements are taken at beginning and end of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank.	Yes	No
Level measurements are based on average of two consecutive stick readings at both beginning and end of period.	Yes	No
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	Yes	No
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down.	Yes	No
Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.	Yes	No
MTG is used as sole method of leak detection for tank.	Yes	No
MTG is used in conjunction with tank tightness testing.	Yes	No
Are all tanks for which MTG is used under 2,000 gallons in capacity?	Yes	No
Are monitoring records available for the last 12 month period?	Yes	No

Check One	Nominal Tank Capacity (In gallons)	Tank Dimensions	Weekly Standard (In gallons)	Minimum Test Duration
( )	550	N/A	5	36 hours
( )	551 - 1,000	N/A	7	36 hours
( )	1,000	64" diameter x 73" length	4	44 hours
( )	1,000	48" diameter x 128" length	6	58 hours
( )	1,001 - 2,000*	N/A	13	36 hours

* Manual tank gauging may be used in conjunction with tank tightness testing for tanks over 1,000 gal. and less than 2,000 gal.

Comments:_____

NOT USED

Inspector's Signature:

Date: 03/15/00

Facility ID Number 05-02286

Ground Water Monitoring

Date System Installed: _____

Distance of well from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Distance of well from piping (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please [illegible]

	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of _____ ft.				

Wells are used to monitor piping.	Yes	No
Site assessment was performed prior to installation of wells.	Yes	No
Documentation of monthly readings is available.	Yes	No
Specific gravity of product is less than one.	Yes	No
Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 cm/sec. According to:	Yes	No
Groundwater is not more than 20 feet from ground surface.	Yes	No
Wells are sealed from the ground surface to top of filter pack.	Yes	No
Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of the product on top of groundwater in well.	Yes	No
Groundwater is monitored: (✔ one) ( ) Manually on a monthly basis. ( ) Automatically (continuously or monthly basis		
Check the following if groundwater is monitored <u>manually</u>: Bailer used is accessible and functional.	Yes	No
Check the following if groundwater is monitored <u>automatically</u>: Monitoring box is operational.	Yes	No
Checked for presence of sensor in monitoring well.	Yes	No

On the back of [illegible] stored) and location of wells and [illegible]

Comments: _____

NOT USED BUT PRESENT

Inspector's Signature: _____ Date: 03/15/00

Facility ID Number 05-02286

Interstitial Monitoring

Manufacturer and name of system: O/C Model SB 0011C1

Date system installed: 12-01-91

Materials used for secondary barrier: FRP

Materials used for internal lining: FRP

Interstitial space is monitored (✔ one): automatically ✔continuously monthly basis.

tank in system is fitted with secondary containment and interstitial monitoring.	Yes ✔	No	N/A
System is designed to detect release from any portion of UST system that routinely contains product.	Yes ✔	No	N/A
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr. with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	Yes ✔	No	N/A
Documentation of monthly readings is available for last 12 months.	Yes ✔	No	N/A
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	Yes ✔	No	N/A
Monitoring box, if present, is operational.	Yes ✔	No	N/A
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	Yes	No	N/A ✔
Interstitial space is monitored manually on monthly basis (answer the following question).	Yes	No	N/A
Equipment used to take readings is accessible and functional.	Yes	No	N/A
Tank is double-walled	Yes	No	N/A
Tank is fitted with internal bladder to achieve secondary containment (answer the following question).	Yes	No	N/A
Bladder is compatible with substance stored and will not deteriorate in the presence of that substance.	Yes	No	N/A
Excavation is lined with impervious artificial material to achieve secondary containment (answer the following questions).	Yes	No	N/A
Secondary barrier is always above groundwater.	Yes	No	N/A
If secondary barrier is not always above groundwater, secondary barrier and monitoring designs are for use under such conditions.	Yes	No	N/A
Secondary barrier is constructed from artificially constructed material, with permeability to substance $< 10^{6}$ cm/sec.	Yes	No	N/A
Secondary barrier is compatible with the regulated substances stored and will not deteriorate in presence of that substance.	Yes	No	N/A
Secondary barrier does not interfere with operation of cathodic protection system.	Yes	No	N/A

Comments: 1,000 Tank is for generator

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Automatic Tank Gauging

Manufacturer, name and model number of system: _____

_____

Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes	No
Device can measure height of product to nearest one-eighth of an inch.	Yes	No
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes	No
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes	No
Checked for presence of gauge in tanks.	Yes	No
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes	No
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes	No
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes	No
Maintenance records are available upon request.	Yes	No
Monthly testing records are available for the past 12 months.	Yes	No
Daily monitoring records are available for the past 12 months (if applicable).	Yes	No

Comments: _____

_____

_____

Inspector's Signature: _____ Date: 03/15/00

Facility ID Number 05-02286

Statistical Inventory Reconciliation

Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				

Records include monthly water monitoring.	Yes	No
Tank inventory reconciled before and after fuel delivery.	Yes	No
Appropriate calibration chart is used for calculating volume.	Yes	No
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No
Answer one of the following three:		
1) Owner can demonstrate consistency in dipsticking techniques.	Yes	No
a) The dipstick is long enough to reach the bottom of the tank.	Yes	No
b) The end of the gauge stick is flat and not worn down.	Yes	No
c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch.	Yes	No
OR		
2) Automatic tank gauge is used for readings.	Yes	No
OR		
3) Other method is used for readings (explain in comment section below).	Yes	No
A third-party certification of the SIR method is available.	Yes	No
Monitoring and testing records are maintained and available for the past 12 months.	Yes	No

Comments: NOT USED

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Spill/Overfill Prevention

	Tank 004	Tank 005	Tank 006	Tank 4
Are all tank transfers less than 25 gallons?	Yes No ✔	Yes No ✔	Yes No ✔	Yes No
Is there a spill bucket or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes ✔ No	Yes ✔ No	Yes ✔ No	Yes No
What device is used to prevent tank from being overfilled?				
Ball float valve	Yes No	Yes No	Yes No	Yes No
Butterfly valve (in fill pipe)	Yes ✔ No	Yes ✔ No	Yes ✔ No	Yes No
Automatic alarm monitoring is used	Yes No	Yes No	Yes No	Yes No
Other alarm system	Yes No	Yes No	Yes No	Yes No

Cathodic Protection

	Tank 1	Tank 2	Tank 3	Tank 4
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes No	Yes No	Yes No	Yes No
The last two test results are available. (Tests are required every three years.)	Yes No	Yes No	Yes No	Yes No
Rectifier is on 24 hours a day?	Yes No	Yes No	Yes No	Yes No
The last two test results are available? (Tests are required every 60 days.)	Yes No	Yes No	Yes No	Yes No
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes No	Yes No	Yes No	Yes No

Comments: TANK IS FRP

Inspector's Signature: Date: 03/15/00

1 Greg K. Rec'd 3-31-00 Facility ID Number 31/05-02286

Leak Detection Inspection

Pennsylvania Turnpike Commission
Owner Name (Corporation, Individual, Public Agency or other entity)

P. O. Box 67676
Street Address

Harrisburg | Pa | 17106-7676
City | State | Zip Code

717 | 939 9551 Ext. 3731
Area Code | Phone Number

Deann S. Metro Donald L. Bohm Ext. 3660
Contact Person At UST Location

Burnt Cabins Maintenance
Facility Name or Company Site Identifier, if different from left

Ster Route 3 - Box 522 MP 186.03
Street Address or State Road, as applicable

Shade Gap | Pa | 17255
City (nearest) | State | Zip Code

Area Code | Phone Number

Number of Tanks at This Location: 3

Does The Facility Have a Financial Assurance Mechanism? Yes ✔ No ___
(PROVIDE COMMENTS AS TO COMPLIANCE STATUS FOR 40 C.F.R. PART 280 SUBPART H.)

Tank presently in use (✔)	Tank 004	Tank 005	Tank 006	Tank 4
If not, date last used				
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed	12-01-91	12-01-91	12-01-91	
Material of Construction (Tank / Pipe)	FRP/FRP	FRP/FRP	FRP/Copper/FRP	
Capacity of Tank (in gallons)	6,000	6,000	1,000	
Substance Stored	Gasoline	Diesel	Kerosene	
IV.A				
Manual Tank Gauging (tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging				
Vapor, Groundwater or **Interstitial Monitoring**	✔	✔	✔	
Other approved method				
IV.B				
Check Pressurized (P) or Suction (S) Piping for each tank	P	P	S	
Automatic Line Leak Detectors, and check one				
Vapor or Groundwater Monitoring				
Secondary Containment with Monitoring	✔	✔		
Line Tightness Testing				

I Gerard R. Donovan, Jr. certify that I have inspected the above named facility on 03/15/00
(print name) month/day/year

Inspector's Signature: Gerard R Donovan Jr Date: 03/15/00

Facility ID Number 05-02286

Leak Detection for Piping

Set 1	Tank 004	Tank 005	Tank 006	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device	✔	✔		
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Interstitial Monitoring	✔	✔		
If Interstitial Monitoring, documentation of monthly monitoring is available				
Ground-Water or Vapor Monitoring				
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)				
Line Tightness Testing (required every 3 years)			12-01-91	
Secondary Containment with Interstitial Monitoring			✔	
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure				
Has only one check valve, which is located directly under pump				
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable				

On the back of this [illegible] sources of piping runs, tanks (including size and substances stored) and location of wells and their distances.

Comments: 1,000 Gallon Tank for turbine generator

Inspector's Signature: [signature] Date: 03/15/00

Facility ID Number 05-02286

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: _____

Address of tank tightness tester: _____

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?				

Owner/operator can explain inventory control methods and figures used and recorded.	Yes	No
Records include monthly water monitoring.	Yes	No
Tank inventory reconciled before and after fuel delivery.	Yes	No
Books are reconciled monthly.	Yes	No
Appropriate calibration chart is used for calculating volume.	Yes	No
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No
Owner can demonstrate consistency in dipsticking techniques.	Yes	No
The dipstick is long enough to reach the bottom of the tank.	Yes	No
The ends of the gauge stick are flat and not worn down.	Yes	No
The dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes	No
The tank has been tested within the year & has passed the tightness test (if necessary).	Yes	No
A third-party certification of the tank tightness test method is available.	Yes	No
Tank tester complied with all certification requirements.	Yes	No
Monitoring and testing are maintained and available for the past 12 months.	Yes	No

Comments: _____

NOT USED

Inspector's Signature: _____ Date: 03/15/00

Facility ID Number 05-02286

Vapor Monitoring

Name of monitoring device: NOT USED

Date system installed ______ Number of monitoring wells ______

Distance of monitoring well(s) from tank(s) (1) ______ (2) ______ (3) ______ (4) ______

Site assessment was conducted by: ______

Location of site assessment documentation: ______

Please indicate yes or no for each tank. [illegible] complete all information [illegible] has more than 4 tanks, [illegible] photocopy this page and complete [illegible] additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Well is clearly marked and secured.				
Well caps are tight.				
Well is constructed so that monitoring device is not rendered inoperative by moisture or other interferences.				
Well is free of debris or has other indications that it has been recently checked.				

Please answer yes or no for each question.

UST excavation zone was assessed prior to vapor monitoring system installation.	Yes	No
One or more USTs is/are included in system.	Yes	No

If the system is automatic, check the following:

Power box is accessible and power light is on.	Yes	No
Documentation of monthly readings is available for last 12 months.	Yes	No
Equipment used to take readings is accessible and functional.	Yes	No
Vapor monitoring equipment has been calibrated within the last year.	Yes	No

If the system is manual, check the following:

Documentation of monthly readings is available for last 12 months.	Yes	No
Equipment used to take readings is accessible and functional.	Yes	No
Vapor monitoring equipment has been calibrated within the last year.	Yes	No
Porous material was used for backfill.	Yes	No
Wells are placed within the excavation zone.	Yes	No
Level of background contamination is known. If so -- what is level? ______	Yes	No

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

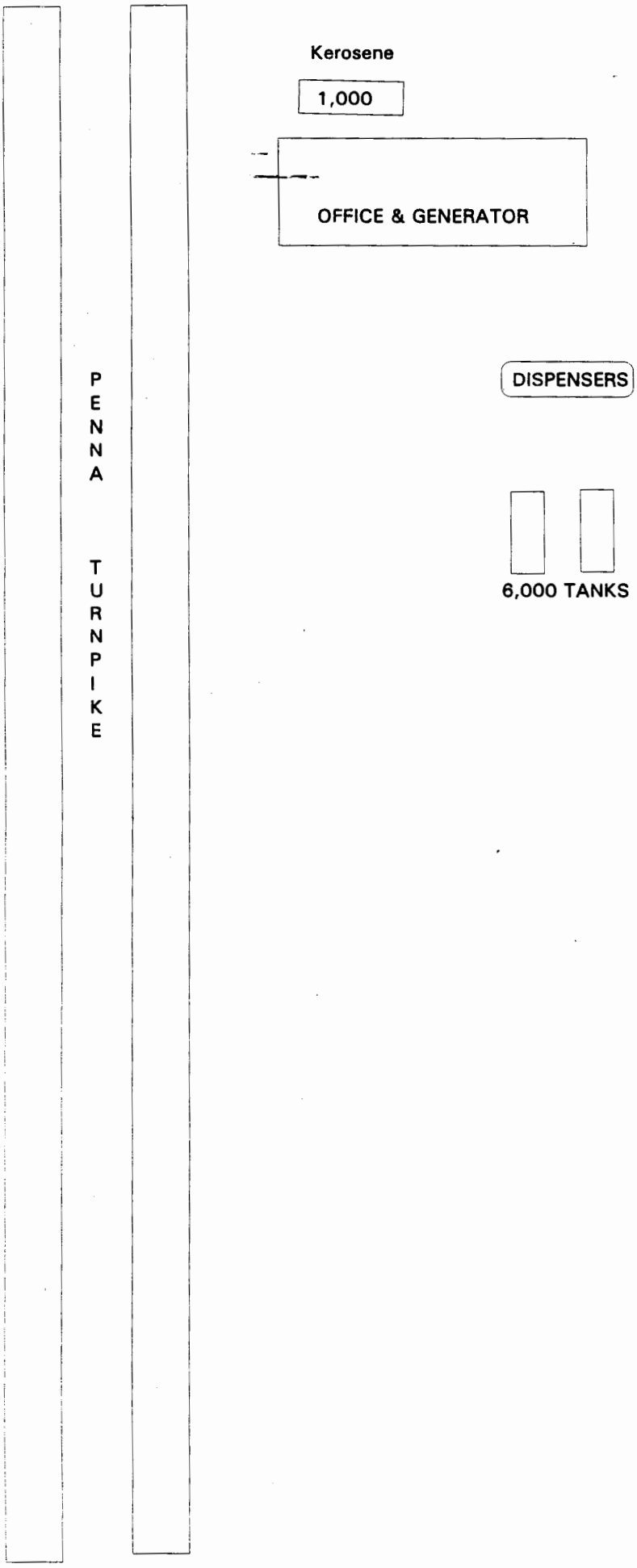
Comments: ______

Inspector's Signature:

Date: 03/15/00

Facility ID Number 05-02286

Site Sketch/Photo Log



Facility ID Number 05-02286

Manual Tank Gauging

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4):_____

Please answer Yes or No for each question

Records show liquid level measurements are taken at beginning and end of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank.	Yes	No
Level measurements are based on average of two consecutive stick readings at both beginning and end of period.	Yes	No
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	Yes	No
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down.	Yes	No
Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.	Yes	No
MTG is used as sole method of leak detection for tank.	Yes	No
MTG is used in conjunction with tank tightness testing.	Yes	No
Are all tanks for which MTG is used under 2,000 gallons in capacity?	Yes	No
Are monitoring records available for the last 12 month period?	Yes	No

Check One	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration
( )	550	N/A	5	36 hours
( )	551 - 1,000	N/A	7	36 hours
( )	1,000	64" diameter x 73" length	4	44 hours
( )	1,000	48" diameter x 128" length N/A	6	58 hours
( )	1,001 - 2,000*		13	36 hours

* Manual tank gauging may be used in conjunction with tank tightness testing for tanks over 1,000 gal. and less than 2,000 gal.

Comments: NOT USED

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Ground Water Monitoring

Date System Installed: _____

Distance of well from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Distance of well from piping (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please [illegible]

	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of _____ ft.				

[illegible]

Wells are used to monitor piping.	Yes	No
Site assessment was performed prior to installation of wells.	Yes	No
Documentation of monthly readings is available.	Yes	No
Specific gravity of product is less than one.	Yes	No
Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 cm/sec. According to:	Yes	No
Groundwater is not more than 20 feet from ground surface.	Yes	No
Wells are sealed from the ground surface to top of filter pack.	Yes	No
Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of the product on top of groundwater in well.	Yes	No
Groundwater is monitored: (✔ one) ( ) Manually on a monthly basis. ( ) Automatically (continuously or monthly basis		
Check the following if groundwater is monitored <u>manually</u>: Bailer used is accessible and functional.	Yes	No
Check the following if groundwater is monitored <u>automatically</u>: Monitoring box is operational.	Yes	No
Checked for presence of sensor in monitoring well.	Yes	No

On the back of [illegible] (show all piping runs, tanks (including size and substances stored) and location of wells and their distance [illegible]

Comments: _____

NOT USED BUT PRESENT

Inspector's Signature: _____ Date: 03/15/00

Facility ID Number 05-02286

Interstitial Monitoring

Manufacturer and name of system: O/C Model SB 0011C1

Date system installed: 12-01-91

Materials used for secondary barrier: FRP

Materials used for internal lining: FRP

Interstitial space is monitored (✔ one): automatically ✔continuously monthly basis.

tank in system is fitted with secondary containment and interstitial monitoring.	Yes ✔	No	N/A
System is designed to detect release from any portion of UST system that routinely contains product.	Yes ✔	No	N/A
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr. with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	Yes ✔	No	N/A
Documentation of monthly readings is available for last 12 months.	Yes ✔	No	N/A
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	Yes ✔	No	N/A
Monitoring box, if present, is operational.	Yes ✔	No	N/A
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	Yes	No	N/A ✔
Interstitial space is monitored manually on monthly basis (answer the following question).	Yes	No	N/A
Equipment used to take readings is accessible and functional.	Yes	No	N/A
Tank is double-walled	Yes	No	N/A
Tank is fitted with internal bladder to achieve secondary containment (answer the following question).	Yes	No	N/A
Bladder is compatible with substance stored and will not deteriorate in the presence of that substance.	Yes	No	N/A
Excavation is lined with impervious artificial material to achieve secondary containment (answer the following questions).	Yes	No	N/A
Secondary barrier is always above groundwater.	Yes	No	N/A
If secondary barrier is not always above groundwater, secondary barrier and monitoring designs are for use under such conditions.	Yes	No	N/A
Secondary barrier is constructed from artificially constructed material, with permeability to substance $< 10^{6}$ cm/sec.	Yes	No	N/A
Secondary barrier is compatible with the regulated substances stored and will not deteriorate in presence of that substance.	Yes	No	N/A
Secondary barrier does not interfere with operation of cathodic protection system.	Yes	No	N/A

Comments: 1,000 Tank is for generator

Inspector's Signature: [signature] Date: 03/15/00

Facility ID Number 05-02286

Automatic Tank Gauging

Manufacturer, name and model number of system: _____

_____

Circle Yes or No for each question		
Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes	No
Device can measure height of product to nearest one-eighth of an inch.	Yes	No
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes	No
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes	No
Checked for presence of gauge in tanks.	Yes	No
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes	No
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes	No
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes	No
Maintenance records are available upon request.	Yes	No
Monthly testing records are available for the past 12 months.	Yes	No
Daily monitoring records are available for the past 12 months (if applicable).	Yes	No

Comments: _____

_____

_____

Inspector's Signature:

Date: 03/15/00

Statistical Inventory Reconciliation

Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				

Records include monthly water monitoring.	Yes	No
Tank inventory reconciled before and after fuel delivery.	Yes	No
Appropriate calibration chart is used for calculating volume.	Yes	No
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No
Answer one of the following three:		
1) Owner can demonstrate consistency in dipsticking techniques.	Yes	No
a) The dipstick is long enough to reach the bottom of the tank.	Yes	No
b) The end of the gauge stick is flat and not worn down.	Yes	No
c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch.	Yes	No
OR		
2) Automatic tank gauge is used for readings.	Yes	No
OR		
3) Other method is used for readings (explain in comment section below).	Yes	No
A third-party certification of the SIR method is available.	Yes	No
Monitoring and testing records are maintained and available for the past 12 months.	Yes	No

Comments: NOT USED

Inspector's Signature: Date: 03/15/00

Spill/Overfill Prevention

	Tank 004	Tank 005	Tank 006	Tank 4
Are all tank transfers less than 25 gallons?	Yes No ✔	Yes No ✔	Yes No ✔	Yes No
Spill Prevention				
Is there a spill bucket or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes ✔ No	Yes ✔ No	Yes ✔ No	Yes No
Overfill Prevention				
What device is used to prevent tank from being overfilled?				
Ball float valve	Yes No	Yes No	Yes No	Yes No
Butterfly valve (in fill pipe)	Yes ✔ No	Yes ✔ No	Yes ✔ No	Yes No
Automatic alarm monitoring is used	Yes No	Yes No	Yes No	Yes No
Other alarm system_____	Yes No	Yes No	Yes No	Yes No

Cathodic Protection

	Tank 1	Tank 2	Tank 3	Tank 4
Sacrificial Anode System				
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes No	Yes No	Yes No	Yes No
The last two test results are available. (Tests are required every three years.)	Yes No	Yes No	Yes No	Yes No
Impressed Current				
Rectifier is on 24 hours a day?	Yes No	Yes No	Yes No	Yes No
The last two test results are available? (Tests are required every 60 days.)	Yes No	Yes No	Yes No	Yes No
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes No	Yes No	Yes No	Yes No

Comments: TANK IS FRP

Inspector's Signature: [signature] Date: 03/15/00

Rev. 2-16-96

STORAGE TANKS REVIEW / ROUTING SHEET

PAGE 1 OF 2

FACILITY ID NO.	REVIEW DATE	REVIEW STAFF	DE STAFF	DE ENTRIES DATE	QUAL CK STAFF	QUAL CK DATE	QUALITY CHECK
31-02286	5-6-96	DF	CBW	5/7/96	KC	05-10-96	✓ File Return to DE SUPV Return to Reviewer

Add New ___ Change ___ Change of Owner ___ **OWNER SCREEN** DONE ___

Owner ID #	SSN/Tax ID#:	Phone:
Correct: ___	Name:	County:
Transfer (Inv) ___	Mailing:	Munic.:
New Owner ID #	Address:	Type:
Transfer Effective Date	City: State: Zip:	

Add New ___ Change X **FACILITY SCREEN** DONE ✓

Name:	Phone:	
Site: SR 3 BOX 522	County:	Munic.:
Address:	Type:	
City: Zip:	Sign Date 3-20-96	

Add New ___ Change X Delete ___ **CONTACT SCREEN** DONE ✓

Name: James G Eden CFM	City:	
Company Name:	State:	
Mailing: PA Turnpike Commission	Zip: 17106	
Address: PO BOX 67676	Phone: 717-939-9551	

Beginning Balance NEW: OLD: **FEE SCREEN - MANUAL ENTRIES**

TRAN CODE	AMOUNT	INVOICE #	TANK #	YEAR	CHECK #	CREDIT #	COMMENTS	DON ✓

Account Balance After MEs NEW: OLD: CONT

Between Exits 13 & 14

Rev. 2-15-96

STORAGE TANKS REVIEW / ROUTING SHEET

FACILITY ID NO.	REVIEW DATE	REVIEW STAFF	DE STAFF	DE ENTRIES DATE	QUAL CK STAFF	QUAL CK DATE	QUALITY CHECK
31-02286	5-6-96	DF	CJH	5/7/96			___File ___Return to DE Supv ___Return to Reviewer

TANK SCREEN #1							TANK SCREEN #2		TANK #3	
Seq. #	Tank #	Add New	Change	Add Status	Over-Write Status	Comments	Add Component(s)	Add Exemption	Client #	Done ✓
001A	28159		X			Install date 1-1-88				✓
003A	130326		X			99 Hydraulic Oil				✓
004	110685		X			Install date 12-1-91				✓
005	110686		X			Install date 12-1-91				✓
006	110687		X			Install date 12-1-91				✓

TANK TRANSFER/ RESEQUENCE
C - Correct
T - Transfer (Inv)
R - Resequence
___ - _____
Bad Facility No.

Tank #	C,T,R	New Facility #	New Seq #	Effective Date	Done ✓	Tank #	C,T,R	New Facility #	New Seq #	Effective Date	Done ✓

Delete Tank(s)						Delete Owner
						Delete Facility

CONT. _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WATER QUALITY MANAGEMENT

Recycled Paper

RECEIVED
BUREAU OF WATER QUALITY MGMT.
95 MAR 25 AM 11:00
STORAGE TANK PROGRAM

REGISTRATION OF STORAGE TANKS

In accordance with Sections 303 and 503 of the Storage Tank and Spill Prevention Act, owners of regulated storage tanks are required to register their tanks with the Department and pay the required fees.

*** PLEASE READ ALL INSTRUCTIONS THOROUGHLY BEFORE COMPLETING THE FORM ***

STATE USE ONLY
DO NOT WRITE IN THIS SPACE

I. PURPOSE OF SUBMITTAL (Please Check Those That Apply)

INITIAL REGISTRATION
- ☐ Initial Registration
- ☐ Registration for Removal of Unregistered Tank(s)
- ☐ Registration for Un-Registered Tank(s) Closed in Place

AMENDED REGISTRATION
- ☒ Change in Previous Info
- ☐ Adding Tank(s)
- ☐ Temporarily Not Using Tank(s)
- ☐ Removed / Closed Tanks
- ☐ Relocated Tank(s) (Same Owner-Different Facility)

CHANGE OF OWNERSHIP
- ☐ Sold / Purchased
- ☐ All Tanks Will Remain at Same Facility
- ☐ Some Tanks Will Remain at Same Facility
- ☐ Some Tanks Relocated to Another Regulated Facility
- ☐ Some Tanks Relocated to a New Facility and the Tanks are to Be Registered

II. OWNER / BUSINESS INFORMATION (Please Type or Print Legibly)

A. DER CLIENT ID NO. (STATE USE ONLY) 6252
Leave as is in system
Federal Tax ID No.,
EIN (or SS) No. 233730309K

Owner Name PA Turnpike Commission
Address P.O. Box 67676

City Harrisburg State PA Zip 17106

County Dauphin Municipality Lwr Swatara Twp
Phone No. (717) 939 . 9551

Type of Owner/Business (Check Only One)
- ☐ Vol. Fire Co./EMS Org.
- ☐ Federal Government
- ☒ State Government
- ☐ Local Government
- ☐ Corporate
- ☐ Private (Business)
- ☐ Private (Residential)

B. CHANGE OF OWNERSHIP
(Complete - Only if some or all tanks have been sold or purchased.)

Date of Sale/Purchase
Sold To
(New Owner Name)
(New Address)

Purchased From
(Old Owner Name)
(Old Address)

(Old Facility ID No.)
(Old Tank No.(s))

III. FACILITY INFORMATION (Please Type or Print Legibly)

A. DER FACILITY ID NO. 31-02286
Facility Name BURNT CABINS MNTCE
Location (PO Box NOT acceptable) (RR Box IS acceptable)
STAR ROUTE 3 - BOX 522
City SHADE GAP State PA Zip 17255
County HUNTINGDON Municipality Dublin Twp
Phone No. (717) 349 . 2610

Type of Facility (Check Only One)
- ☐ 00 Unknown
- ☐ 01 Gas Station
- ☐ 02 Petroleum Distr
- ☐ 03 Air Taxi
- ☐ 04 Aircraft Owner
- ☐ 05 Auto Dealership
- ☐ 06 Railroad
- ☐ 07 Local Govt
- ☒ 08 State Govt
- ☐ 09 Federal, Non-Military
- ☐ 10 Federal, Military
- ☐ 11 Commercial
- ☐ 12 Industrial
- ☐ 13 Residential
- ☐ 14 Contractor
- ☐ 15 Trucking/Transport
- ☐ 16 Utilities
- ☐ 17 Farm
- ☐ 99 Other _____ SPECIFY

B. CONTACT (Optional)
(Complete - Only if mail is to be sent to someone other than the owner or if mail is to be sent to a specific person or department within a company.)

- ☐ Send all mail to Facility address noted to the left.
- ☑ Send all mail to Contact address noted below:

Name James J. Eden, CFM
Title Facilities Manager
Mailing Address PA Turnpike Commission
PO Box 67676
City Harrisburg State PA Zip 17106
Phone No. (717) 939 . 9551

Detach and return this page to the Division of Storage Tanks

ER-BWQ-14: 7/93

DER Facility ID No. 31-02286 Facility Name BURNT CABINS MNTCE

IV. DESCRIPTION OF STORAGE TANKS (Please type or print legibly each regulated storage tank at this facility under your ownership.)

A. ABOVEGROUND TANKS

List ALL tanks. If amending information, mark the *Amended* Tank(s) with an asterisk (*) to the left of the tank number.

Tank Number	STATUS	Install Date (Mo-Day-Yr)	Remove Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name and CAS No. (If Hazardous Substance)	Substance Name (If Other or Mixture)	Tank Exempt ✓ If Yes	Tank Exempt Ref. Code
001 A	E	1/1/88		500	G	Used motor oil		✓	
003 A	E	5/1/94		500	J	Hydraulic oil		✓	
004 A	E	5/1/94		500	F	New motor oil		✓	
A									
A									
A									
A									
A									
A									
A									
A									

Status Codes: C - Currently in Use; T - Temporarily Out of Use; R - Removed or Closed in Place
E - In use and exempt from registration

B. UNDERGROUND TANKS

List ALL tanks. If amending information, mark the *Amended* Tank(s) with an asterisk (*) to the left of the tank number.

Fee Exempt

Tank Number	STATUS	Install Date (Mo-Day-Yr)	Remove Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name and CAS No. (If Hazardous Substance)	Substance Name (If Other or Mixture)	Tank Exempt ✓ If Yes	Tank Exempt Ref. Code
004	C	12/1/91		6,000	A	Gasoline		✓	
005	C	12/1/91		6,000	B	Diesel		✓	
006	C	12/1/91		1,000	D	Kerosene		✓	

Status Codes: C - Currently in Use; T - Temporarily Out of Use; R - Removed or Closed in Place

V. CERTIFICATION (Read and Sign after completing all appropriate sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act, with any regulations and orders issued pursuant to this Act, and with the requirements for obtaining a permit required under this Act.

Please be advised that signature by an individual on this document indicates that he/she owns the subject storage tank and, in effect, represents to the Department that the individual owns the storage tank and is aware of those responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act and its regulations. Please be further advised that this registration is made subject to the penalties of 18 PA. C.S. Section 4904 relating to unsworn falsification to authorities.

Name and Official Title of ~~Owner~~ Commission Rep.	Signature	Date Signed
James J. Eden / Facilities Mgr.	James J. Eden	3/30/96

Detach and return this page to the Division of Storage Tanks

1 Rec'd 3-31-00 Facility ID Number 05-02286

Leak Detection Inspection

I. Ownership of Tank(s)

Pennsylvania Turnpike Commission
Owner Name (Corporation, Individual, Public Agency or other entity)

P. O. Box 67676
Street Address

Harrisburg Pa 17106-7676
City State Zip Code

717 939 9551 Ext. 3731
Area Code Phone Number

Deann S. Metro Donald L. Bohm Ext. 3660
Contact Person At UST Location

II. Location of Tank(s)

Burnt Cabins Maintenance
Facility Name or Company Site Identifier, if different from left

Ster Route 3 - Box 522 MP 186.03
Street Address or State Road, as applicable

Shade Gap Pa 17255
City (nearest) State Zip Code

Area Code Phone Number

Number of Tanks at This Location: 3

Does The Facility Have a Financial Assurance Mechanism? Yes ✔ No ___
(PROVIDE COMMENTS AS TO COMPLIANCE STATUS FOR 40 C.F.R. PART 280 SUBPART H.)

III. Tank Information

Complete for each tank. If facility has more than 4 tanks, photocopy page and complete information for additional tanks.

Tank presently in use (✔)	Tank 004	Tank 005	Tank 006	Tank 4
If not, date last used				
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed	12-01-91	12-01-91	12-01-91	
Material of Construction (Tank / Pipe)	FRP/FRP	FRP/FRP	FRP/Copper/FRP	
Capacity of Tank (in gallons)	6,000	6,000	1,000	
Substance Stored	Gasoline	Diesel	Kerosene	

IV.A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging				
Vapor, Groundwater or **Interstitial Monitoring**	✔	✔	✔	
Other approved method				

IV.B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check Pressurized (P) or Suction (S) Piping for each tank	P	P	S	
Automatic Line Leak Detectors, **and** check one				
Vapor or Groundwater Monitoring				
Secondary Containment with Monitoring	✔	✔		
Line Tightness Testing				

I Gerard R. Donovan, Jr. certify that I have inspected the above named facility on 03/15/00
(print name) month/day/year

Inspector's Signature: Gerard R Donovan Jr Date: 03/15/00

Facility ID Number 05-02286

Leak Detection for Piping

Pressurized Piping A method must be selected from each set. Where applicable indicate date of last test. If this facility has more than 4 tanks, please photocopy this page and complete information for all additional piping.

Set 1	Tank 004	Tank 005	Tank 006	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device	✔	✔		
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Interstitial Monitoring	✔	✔		
If Interstitial Monitoring, documentation of monthly monitoring is available				
Ground-Water or Vapor Monitoring				
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)				
Suction Piping. Indicate date of most recent test.				
Line Tightness Testing (required every 3 years)			12-01-91	
Secondary Containment with Interstitial Monitoring			✔	
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure				
Has only one check valve, which is located directly under pump				
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable				

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: 1,000 Gallon Tank for turbine generator

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: _____

Address of tank tightness tester: _____

Please complete all information for each tank If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?				

Please answer yes or no for each question

Owner/operator can explain inventory control methods and figures used and recorded.	Yes	No
Records include monthly water monitoring.	Yes	No
Tank inventory reconciled before and after fuel delivery.	Yes	No
Books are reconciled monthly.	Yes	No
Appropriate calibration chart is used for calculating volume.	Yes	No
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No
Owner can demonstrate consistency in dipsticking techniques.	Yes	No
The dipstick is long enough to reach the bottom of the tank.	Yes	No
The ends of the gauge stick are flat and not worn down.	Yes	No
The dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes	No
The tank has been tested within the year & has passed the tightness test (if necessary).	Yes	No
A third-party certification of the tank tightness test method is available.	Yes	No
Tank tester complied with all certification requirements.	Yes	No
Monitoring and testing are maintained and available for the past 12 months.	Yes	No

Comments: _____

NOT USED

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Vapor Monitoring

Name of monitoring device: NOT USED

Date system installed _____ Number of monitoring wells _____

Distance of monitoring well(s) from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please indicate yes or no for each tank Please complete all information for each tank. If facility has more than 4 tanks, please photocopy this page and complete the information for additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Well is clearly marked and secured.				
Well caps are tight.				
Well is constructed so that monitoring device is not rendered inoperative by moisture or other interferences.				
Well is free of debris or has other indications that it has been recently checked.				

Please answer yes or no for each question

UST excavation zone was assessed prior to vapor monitoring system installation.	Yes	No
One or more USTs is/are included in system.	Yes	No

If the system is automatic, check the following:

Power box is accessible and power light is on.	Yes	No
Documentation of monthly readings is available for last 12 months.	Yes	No
Equipment used to take readings is accessible and functional.	Yes	No
Vapor monitoring equipment has been calibrated within the last year.	Yes	No

If the system is manual, check the following:

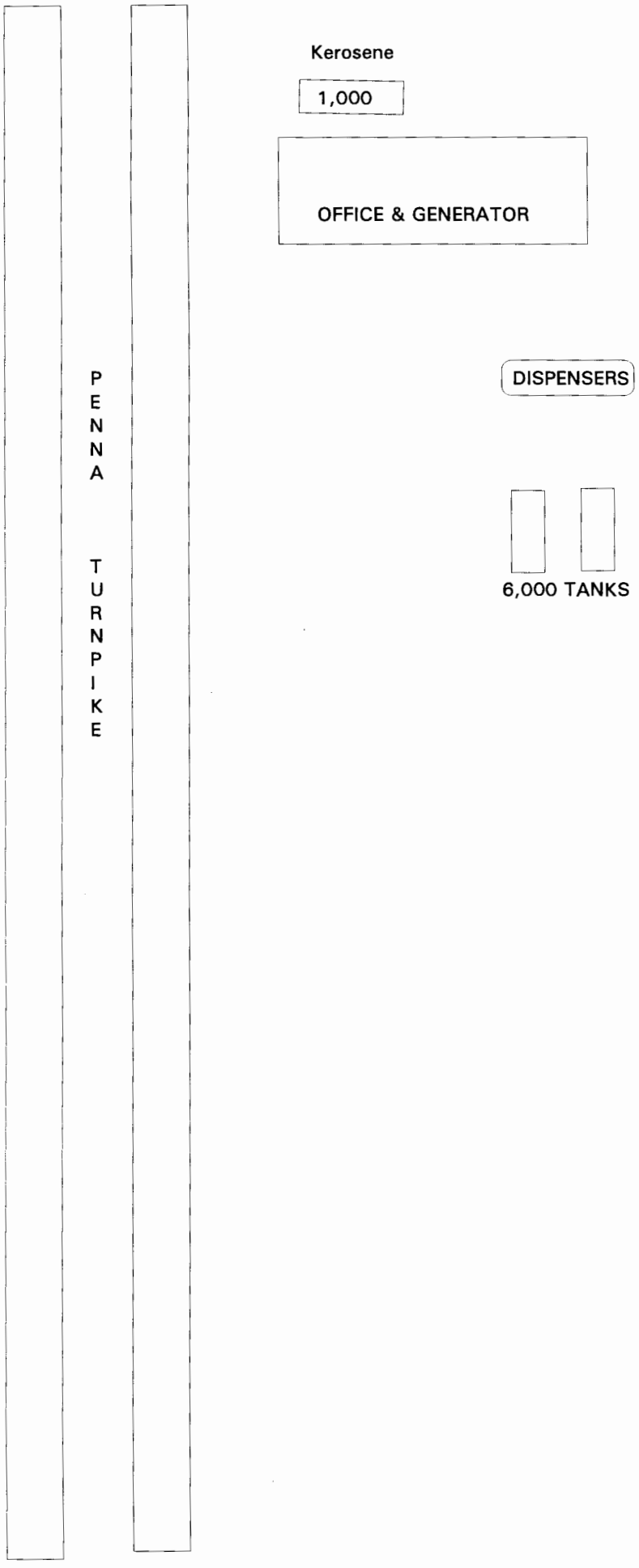
Documentation of monthly readings is available for last 12 months.	Yes	No
Equipment used to take readings is accessible and functional.	Yes	No
Vapor monitoring equipment has been calibrated within the last year.	Yes	No
Porous material was used for backfill.	Yes	No
Wells are placed within the excavation zone.	Yes	No
Level of background contamination is known. If so -- what is level?	Yes	No

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: _____

Inspector's Signature: _____ Date: 03/15/00

Site Sketch/Photo Log



Facility ID Number 05-02286

Manual Tank Gauging

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4):_____

Please answer yes or no for each question

Records show liquid level measurements are taken at beginning and end of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank.	Yes	No
Level measurements are based on average of two consecutive stick readings at both beginning and end of period.	Yes	No
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	Yes	No
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down.	Yes	No
Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.	Yes	No
MTG is used as sole method of leak detection for tank.	Yes	No
MTG is used in conjunction with tank tightness testing.	Yes	No
Are all tanks for which MTG is used under 2,000 gallons in capacity?	Yes	No
Are monitoring records available for the last 12 month period?	Yes	No

Check One:	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration
( )	550	N/A	5	36 hours
( )	551 - 1,000	N/A	7	36 hours
( )	1,000	64" diameter x 73" length	4	44 hours
( )	1,000	48" diameter x 128" length N/A	6	58 hours
( )	1,001 - 2,000*		13	36 hours

* Manual tank gauging must be used in combination with tank tightness testing for tanks over 1,000 gal. and less than 2,000 gal.

Comments:_____

NOT USED

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Ground Water Monitoring

Date System Installed: _____

Distance of well from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Distance of well from piping (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please answer each question of each well If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.

	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of _____ ft.				

Please answer yes or no for each question

Wells are used to monitor piping.	Yes	No
Site assessment was performed prior to installation of wells.	Yes	No
Documentation of monthly readings is available.	Yes	No
Specific gravity of product is less than one.	Yes	No
Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 cm/sec. According to:	Yes	No
Groundwater is not more than 20 feet from ground surface.	Yes	No
Wells are sealed from the ground surface to top of filter pack.	Yes	No
Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of the product on top of groundwater in well.	Yes	No

Groundwater is monitored: (✔ one) ( ) Manually on a monthly basis. ( ) Automatically (continuously or monthly basis

Check the following if groundwater is monitored manually: Bailer used is accessible and functional.	Yes	No
Check the following if groundwater is monitored automatically: Monitoring box is operational.	Yes	No
Checked for presence of sensor in monitoring well.	Yes	No

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: _____

NOT USED BUT PRESENT

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Interstitial Monitoring

Manufacturer and name of system: O/C Model SB 0011C1

Date system installed: 12-01-91

Materials used for secondary barrier: FRP

Materials used for internal lining: FRP

Interstitial space is monitored (✔ one): automatically ✔continuously monthly basis.

Please answer yes or no for each question

tank in system is fitted with secondary containment and interstitial monitoring.	Yes ✔	No	N/A
System is designed to detect release from any portion of UST system that routinely contains product.	Yes ✔	No	N/A
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr. with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	Yes ✔	No	N/A
Documentation of monthly readings is available for last 12 months.	Yes ✔	No	N/A
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	Yes ✔	No	N/A
Monitoring box, if present, is operational.	Yes ✔	No	N/A
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	Yes	No	N/A ✔
Interstitial space is monitored manually on monthly basis (answer the following question).	Yes	No	N/A
Equipment used to take readings is accessible and functional.	Yes	No	N/A
Tank is double-walled	Yes	No	N/A
Tank is fitted with internal bladder to achieve secondary containment (answer the following question).	Yes	No	N/A
Bladder is compatible with substance stored and will not deteriorate in the presence of that substance.	Yes	No	N/A
Excavation is lined with impervious artificial material to achieve secondary containment (answer the following questions).	Yes	No	N/A
Secondary barrier is always above groundwater.	Yes	No	N/A
If secondary barrier is not always above groundwater, secondary barrier and monitoring designs are for use under such conditions.	Yes	No	N/A
Secondary barrier is constructed from artificially constructed material, with permeability to substance $< 10^{6}$ cm/sec.	Yes	No	N/A
Secondary barrier is compatible with the regulated substances stored and will not deteriorate in presence of that substance.	Yes	No	N/A
Secondary barrier does not interfere with operation of cathodic protection system.	Yes	No	N/A

Comments: 1,000 Tank is for generator

Inspector's Signature: [signature] Date: 03/15/00

Facility ID Number 05-02286

Automatic Tank Gauging

Manufacturer, name and model number of system: _____

_____

Please answer yes or no for each question

Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes	No
Device can measure height of product to nearest one-eighth of an inch.	Yes	No
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes	No
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes	No
Checked for presence of gauge in tanks.	Yes	No
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes	No
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes	No
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes	No
Maintenance records are available upon request.	Yes	No
Monthly testing records are available for the past 12 months.	Yes	No
Daily monitoring records are available for the past 12 months (if applicable).	Yes	No

Comments: _____

_____

_____

Inspector's Signature: Date: 03/15/00

Statistical Inventory Reconciliation

Please complete all information for each tank If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				

Please answer yes or no for each question

Records include monthly water monitoring.	Yes	No
Tank inventory reconciled before and after fuel delivery.	Yes	No
Appropriate calibration chart is used for calculating volume.	Yes	No
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No
Answer one of the following three:		
1) Owner can demonstrate consistency in dipsticking techniques.	Yes	No
a) The dipstick is long enough to reach the bottom of the tank.	Yes	No
b) The end of the gauge stick is flat and not worn down.	Yes	No
c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch.	Yes	No
OR		
2) Automatic tank gauge is used for readings.	Yes	No
OR		
3) Other method is used for readings (explain in comment section below).	Yes	No
A third-party certification of the SIR method is available.	Yes	No
Monitoring and testing records are maintained and available for the past 12 months.	Yes	No

Comments: NOT USED

Inspector's Signature: Date: 03/15/00

Facility ID Number 05-02286

Spill/Overfill Prevention

	Tank 004	Tank 005	Tank 006	Tank 4
Are all tank transfers less than 25 gallons?	Yes No ✔	Yes No ✔	Yes No ✔	Yes No
Spill Prevention				
Is there a spill bucket or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes ✔ No	Yes ✔ No	Yes ✔ No	Yes No
Overfill Prevention				
What device is used to prevent tank from being overfilled?				
Ball float valve	Yes No	Yes No	Yes No	Yes No
Butterfly valve (in fill pipe)	Yes ✔ No	Yes ✔ No	Yes ✔ No	Yes No
Automatic alarm monitoring is used	Yes No	Yes No	Yes No	Yes No
Other alarm system_____	Yes No	Yes No	Yes No	Yes No

Cathodic Protection

	Tank 1	Tank 2	Tank 3	Tank 4
Sacrificial Anode System				
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes No	Yes No	Yes No	Yes No
The last two test results are available. (Tests are required every three years.)	Yes No	Yes No	Yes No	Yes No
Impressed Current				
Rectifier is on 24 hours a day?	Yes No	Yes No	Yes No	Yes No
The last two test results are available? (Tests are required every 60 days.)	Yes No	Yes No	Yes No	Yes No
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes No	Yes No	Yes No	Yes No

Comments: TANK IS FRP

Inspector's Signature: [signature] Date: 03/15/00

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility BURNT CABINS MAINT
FacType MAINTENANCE
District 2 **Mile Post** 186.03

Reg. Expire Date 06/04/2000

Tank ID 31-02286-004
Status OPERATIONAL
Location UNDERGROUND

Owner PTC
Envir Con

Fuel Type GASOLINE
Use FLEET
Capacity 6000

Tank Material Type: DOUBLE WALL FIBERGLASS

Product Piping: FIBERGLASS

Secondary Containment: FIBERGLASS

Vapor Recovery

- [ ] 0-NO VAPOR
- [x] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [x] 1-INVENTORY CONTROL
- [x] 2-INTERSTITIAL TANK
- [x] 3-INTERSTITIAL PIPING
- [x] 4-AUTO OVERFILL DEVICE
- [x] 5-OVER FILL CONTAINMENT
- [x] 6-LINE LEAK DETECT(SUB PUMP)
- [x] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
3974-206,359		12/01/1991		

UL No.	Tightness Test Date	Installer	Remover	DEP Sanction Date
	12/01/1991	DAVIS IND		

Install PO/Con. No.	Remove PO/Con. No.
S0001091	

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	31-02286-005
FacType	MAINTENANCE	**Status**	OPERATIONAL
District	2 **Mile Post** 186.03	**Location**	UNDERGROUND
Reg. Expire Date	06/04/2000		
Owner	PTC	**Fuel Type**	DIESEL
Envir Con		**Use**	FLEET
		Capacity	6000

Tank Material Type	Product Piping	Secondary Containment
DOUBLE WALL FIBERGLASS	FIBERGLASS	FIBERGLASS

Vapor Recovery

- [ ] 0-NO VAPOR
- [x] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [x] 1-INVENTORY CONTROL
- [x] 2-INTERSTITIAL TANK
- [x] 3-INTERSTITIAL PIPING
- [x] 4-AUTO OVERFILL DEVICE
- [x] 5-OVER FILL CONTAINMENT
- [x] 6-LINE LEAK DETECT(SUB PUMP)
- [x] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
3974-206,359		12/01/1991		
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
	12/01/1991	DAVIS IND		
		Install PO/Con. No.	**Remove PO/Con. No.**	
		S0001091		

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	31-02286-006
FacType	MAINTENANCE	**Status**	OPERATIONAL
District	2 **Mile Post** 186.03	**Location**	UNDERGROUND
Reg. Expire Date	06/04/2000		
Owner	PTC	**Fuel Type**	KEROSENE
Envir Con		**Use**	GENERATOR
		Capacity	1000

Tank Material Type	Product Piping	Secondary Containment
DOUBLE WALL FIBERGLASS	COPPER	FIBERGLASS

Vapor Recovery

- [ ] 0-NO VAPOR
- [x] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [ ] 1-INVENTORY CONTROL
- [x] 2-INTERSTITIAL TANK
- [x] 3-INTERSTITIAL PIPING
- [x] 4-AUTO OVERFILL DEVICE
- [x] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
3974-206,359		12/01/1991		
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
	12/01/1991	DAVIS IND		
		Install PO/Con. No.	**Remove PO/Con. No.**	
		S0001091		

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	31-02286-001A
FacType	MAINTENANCE	**Status**	OPERATIONAL
District	2 **Mile Post** 186.03	**Location**	ABOVEGROUND
Reg. Expire Date	EXEMPT		
Owner	PTC	**Fuel Type**	USED OIL
Envir Con		**Use**	USED OIL
		Capacity	500

Tank Material Type	Product Piping	Secondary Containment
STEEL	STEEL	NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [ ] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
N/A		01/01/1988		
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
		Install PO/Con. No.	**Remove PO/Con. No.**	

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	31-02286-003A
FacType	MAINTENANCE	**Status**	OPERATIONAL
District	2 **Mile Post** 186.03	**Location**	ABOVEGROUND
Reg. Expire Date	06/04/2000		
Owner	PTC	**Fuel Type**	HYDRAULIC OIL
Envir Con		**Use**	MAINTENANCE
		Capacity	500

Tank Material Type	Product Piping	Secondary Containment
STEEL	STEEL	NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [ ] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
N/A		05/01/1994		
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
N/A				
		Install PO/Con. No.	**Remove PO/Con. No.**	

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility BURNT CABINS MAINT
FacType MAINTENANCE
District 2 **Mile Post** 186.03

Reg. Expire Date EXEMPT

Tank ID 31-02286-004A
Status OPERATIONAL
Location ABOVEGROUND

Owner PTC
Envir Con

Fuel Type MOTOR OIL
Use MAINTENANCE
Capacity 500

Tank Material Type STEEL
Product Piping STEEL
Secondary Containment NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [ ] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No. N/A
Abandoned Date
Installed Date 05/01/1994
Removed Date
Closure Rpt Sub Date

UL No. N/A
Tightness Test Date
Installer
Remover
DEP Sanction Date

Install PO/Con. No.
Remove PO/Con. No.

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	EXEMPT
FacType	MAINTENANCE	**Status**	OPERATIONAL
District	2 **Mile Post** 186.03	**Location**	ABOVEGROUND
Reg. Expire Date	EXEMPT		
Owner	PTC	**Fuel Type**	HEATING OIL
Envir Con		**Use**	HEATING
		Capacity	2000

Tank Material Type	Product Piping	Secondary Containment
STEEL	STEEL	NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [x] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
181,069		01/01/1989		
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**

Install PO/Con. No.	Remove PO/Con. No.

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	EXEMPT
FacType	MAINTENANCE	**Status**	REMOVED
District	2 **Mile Post** 186.03	**Location**	UNDERGROUND
Reg. Expire Date	N/A		
Owner	PTC	**Fuel Type**	GASOLINE
Envir Con		**Use**	GENERATOR
		Capacity	55

Tank Material Type	Product Piping	Secondary Containment
STEEL	STEEL	NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [ ] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
N/A		11/21/1974	12/01/1991	
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
			DAVIS IND	
		Install PO/Con. No.	**Remove PO/Con. No.**	
			S0001091	

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	31-02286-003
FacType	MAINTENANCE	**Status**	REMOVED
District	2 **Mile Post** 186.03	**Location**	UNDERGROUND
Reg. Expire Date	N/A		
Owner	PTC	**Fuel Type**	DIESEL
Envir Con		**Use**	FLEET
		Capacity	6000

Tank Material Type	Product Piping	Secondary Containment
STEEL	STEEL	NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [x] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
181,069		11/21/1974	12/01/1991	
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
	11/08/1985		DAVIS IND	
		Install PO/Con. No.	**Remove PO/Con. No.**	
			S0001091	

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	31-02286-002
FacType	MAINTENANCE	**Status**	REMOVED
District	2 **Mile Post** 186.03	**Location**	UNDERGROUND
Reg. Expire Date	N/A		
Owner	PTC	**Fuel Type**	GASOLINE
Envir Con		**Use**	FLEET
		Capacity	4000

Tank Material Type	Product Piping	Secondary Containment
STEEL	STEEL	NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [x] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
181,069		11/21/1974	12/01/1991	
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
	11/08/1985		DAVIS IND	
		Install PO/Con. No.	**Remove PO/Con. No.**	
			S0001091	

Comments

User Notes:

Pennsylvania Turnpike Commission

Facilities: Tank Report

Facility	BURNT CABINS MAINT	**Tank ID**	31-02286-001
FacType	MAINTENANCE	**Status**	REMOVED
District	2 **Mile Post** 186.03	**Location**	UNDERGROUND
Reg. Expire Date	N/A		
Owner	PTC	**Fuel Type**	HEATING OIL
Envir Con		**Use**	HEATING
		Capacity	2000

Tank Material Type	Product Piping	Secondary Containment
STEEL	STEEL	NONE

Vapor Recovery

- [x] 0-NO VAPOR
- [ ] 1-STAGE 1 VAPOR
- [ ] 2-STAGE 2 VAPOR

Leak Detection Systems

- [x] 0-MANUAL GAUGING
- [ ] 1-INVENTORY CONTROL
- [ ] 2-INTERSTITIAL TANK
- [ ] 3-INTERSTITIAL PIPING
- [ ] 4-AUTO OVERFILL DEVICE
- [ ] 5-OVER FILL CONTAINMENT
- [ ] 6-LINE LEAK DETECT(SUB PUMP)
- [ ] 7-AUTO TANK GAUGING
- [ ] 8-GROUND WATER SENSOR

Fire Marshall No.	Abandoned Date	Installed Date	Removed Date	Closure Rpt Sub Date
181069		11/21/1974	12/01/1991	
UL No.	**Tightness Test Date**	**Installer**	**Remover**	**DEP Sanction Date**
	11/08/1985		DAVIS IND	
		Install PO/Con. No.	**Remove PO/Con. No.**	
			S0001091	

Comments

User Notes:

(23)

Rev. 2-16-96

STORAGE TANKS REVIEW / ROUTING SHEET

PAGE 1 OF 2

FACILITY ID NO.	REVIEW DATE	REVIEW STAFF	DE STAFF	DE ENTRIES DATE	QUAL CK STAFF	QUAL CK DATE	QUALITY CHECK
31-02286	5-6-96	DF	CBW	5/7/96	RC	05096	File / Return to DE SUPV / Return to Reviewer

Add New ___ Change ___ Change of Owner ___ **OWNER SCREEN** DONE ___

Owner ID #	SSN/Tax ID#:	Phone:
Correct: ___	Name:	County:
Transfer (Inv) ___	Mailing:	Munic.:
New Owner ID #	Address:	Type:
Transfer Effective Date	City: State: Zip:	

Add New ___ Change X **FACILITY SCREEN** DONE ✓

Name:		Phone:
Site: SR 3 BOX 522		County: / Munic.:
Address:		Type:
City:	Zip:	Sign Date 3-20-96

Add New ___ Change X Delete ___ **CONTACT SCREEN** DONE ✓

Name: James 9 Eden CFM		City:
Company Name:		State:
Mailing: PA Turnpike Commission		Zip: 17106
Address: PO Box 67676		Phone: 717-939-9551

Beginning Balance NEW: OLD: **FEE SCREEN - MANUAL ENTRIES**

TRAN CODE	AMOUNT	INVOICE #	TANK #	YEAR	CHECK #	CREDIT #	COMMENTS	DO

Account Balance After MEs NEW: OLD: CONT

Letter Exits 13 & 14

Rev. 2-15-96

STORAGE TANKS REVIEW / ROUTING SHEET

FACILITY ID NO.	REVIEW DATE	REVIEW STAFF	DE STAFF	DE ENTRIES DATE	QUAL CK STAFF	QUAL CK DATE	QUALITY CHECK
31-02286	5-6-96	DF	CDH	5/7/96			___File ___Return to DE Supv ___Return to Reviewer

TANK SCREEN #1 | **TANK SCREEN #2** | **TANK #3**

Seq. #	Tank #	Add New	Change	Add Status	Over-Write Status	Comments	Add Component(s)	Add Exemption	Client #	Done ✓
001A	28159		X			Install date 1-1-88				✓
003A	130326		X			99 Hydraulic Oil				✓
004	110685		X			Install date 12-1-91				✓
005	110686		X			Install date 12-1-91				✓
006	110687		X			Install date 12-1-91				✓

TANK TRANSFER/ RESEQUENCE
C - Correct
T - Transfer (Inv)
R - Resequence
___ - _____
Bad Facility No.

Tank #	C,T,R	New Facility #	New Seq #	Effective Date	Done ✓	Tank #	C,T,R	New Facility #	New Seq #	Effective Date	Done ✓

Delete Tank(s)						Delete Owner
						Delete Facility

CONT. _____

(23)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WATER QUALITY MANAGEMENT

Recycled Paper

RECEIVED
QUALITY MGMT
96 MAR 25 AM 11:00
STORAGE TANK PROGRAM

REGISTRATION OF STORAGE TANKS

In accordance with Sections 303 and 503 of the Storage Tank and Spill Prevention Act, owners of regulated storage tanks are required to register their tanks with the Department and pay the required fees.

*** PLEASE READ ALL INSTRUCTIONS THOROUGHLY BEFORE COMPLETING THE FORM ***

STATE USE ONLY
DO NOT WRITE IN THIS SPACE

I. PURPOSE OF SUBMITTAL (Please Check Those That Apply)

INITIAL REGISTRATION
- ☐ Initial Registration
- ☐ Registration for Removal of Unregistered Tank(s)
- ☐ Registration for Un-Registered Tank(s) Closed in Place

AMENDED REGISTRATION
- ☒ Change in Previous Info
- ☐ Adding Tank(s)
- ☐ Temporarily Not Using Tank(s)
- ☐ Removed / Closed Tanks
- ☐ Relocated Tank(s) (Same Owner-Different Facility)

CHANGE OF OWNERSHIP
- ☐ Sold / Purchased
- ☐ All Tanks Will Remain at Same Facility
- ☐ Some Tanks Will Remain at Same Facility
- ☐ Some Tanks Relocated to Another Regulated Facility
- ☐ Some Tanks Relocated to a New Facility and the Tanks are to Be Registered

II. OWNER / BUSINESS INFORMATION (Please Type or Print Legibly)

A. DER CLIENT ID NO. (STATE USE ONLY) 6252
Leave as is in system
Federal Tax ID No.,
EIN (or SS) No. 237303094K

Owner Name PA Turnpike Commission
Address P.O. Box 67676

City Harrisburg State PA Zip 17106

County Dauphin Municipality Lwr Swatara Twp
Phone No. (717) 939 . 9551

Type of Owner/Business (Check Only One)
- ☐ Vol. Fire Co./EMS Org.
- ☐ Federal Government
- ☒ State Government
- ☐ Local Government
- ☐ Corporate
- ☐ Private (Business)
- ☐ Private (Residential)

B. CHANGE OF OWNERSHIP
(Complete - Only if some or all tanks have been sold or purchased.)

Date of Sale/Purchase
Sold To
(New Owner Name)
(New Address)

Purchased From
(Old Owner Name)
(Old Address)

(Old Facility ID No.)
(Old Tank No.(s))

III. FACILITY INFORMATION (Please Type or Print Legibly)

A. DER FACILITY ID NO. 31-02286
Facility Name BURNT CABINS MNTCE
Location (PO Box NOT acceptable) (RR Box IS acceptable)
STAR ROUTE 3 - BOX 522
City SHADE GAP State PA Zip 17255
County HUNTINGDON Municipality Dublin Twp
Phone No. (717) 349 . 2610

Type of Facility (Check Only One)
- ☐ 00 Unknown
- ☐ 01 Gas Station
- ☐ 02 Petroleum Distr
- ☐ 03 Air Taxi
- ☐ 04 Aircraft Owner
- ☐ 05 Auto Dealership
- ☐ 06 Railroad
- ☐ 07 Local Govt
- ☒ 08 State Govt
- ☐ 09 Federal, Non-Military
- ☐ 10 Federal, Military
- ☐ 11 Commercial
- ☐ 12 Industrial
- ☐ 13 Residential
- ☐ 14 Contractor
- ☐ 15 Trucking/Transport
- ☐ 16 Utilities
- ☐ 17 Farm
- ☐ 99 Other _____ SPECIFY

B. CONTACT (Optional)
(Complete - Only if mail is to be sent to someone other than the owner or if mail is to be sent to a specific person or department within a company.)

- ☐ Send all mail to Facility address noted to the left.
- ☑ Send all mail to Contact address noted below:

Name James J. Eden, CFM
Title Facilities Manager
Mailing Address PA Turnpike Commission
PO Box 67676
City Harrisburg State PA Zip 17106
Phone No. (717) 939 . 9551

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ER-BWQ-14: 7/93

(23)

DER Facility ID No. 31-02286 Facility Name BURNT CABINS MNTCE

IV. DESCRIPTION OF STORAGE TANKS (Please type or print legibly each regulated storage tank at this facility under your ownership.)

A. ABOVEGROUND TANKS

List ALL tanks. If amending information, mark the *Amended* Tank(s) with an asterisk (*) to the left of the tank number.

Tank Number	STATUS	Install Date (Mo-Day-Yr)	Remove Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name and CAS No. (If Hazardous Substance)	Substance Name (If Other or Mixture)	Tank Exempt ✓ If Yes	Tank Exempt Ref. Code
001A	E	1/1/88		500	G	Used motor oil		✓	
003A	E	5/1/94		500	J	Hydraulic oil		✓	
004A	E	5/1/94		500	F	New motor oil		✓	
A									
A									
A									
A									
A									
A									
A									
A									
A									

Status Codes: C - Currently in Use; T - Temporarily Out of Use; R - Removed or Closed in Place
E - In use and exempt from registration

B. UNDERGROUND TANKS

List ALL tanks. If amending information, mark the *Amended* Tank(s) with an asterisk (*) to the left of the tank number.

Fee Exempt

Tank Number	STATUS	Install Date (Mo-Day-Yr)	Remove Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name and CAS No. (If Hazardous Substance)	Substance Name (If Other or Mixture)	Tank Exempt ✓ If Yes	Tank Exempt Ref. Code
004	C	12/1/91		6,000	A	Gasoline		✓	
005	C	12/1/91		6,000	B	Diesel		✓	
006	C	12/1/91		1,000	D	Kerosene		✓	

Status Codes: C - Currently in Use; T - Temporarily Out of Use; R - Removed or Closed in Place

V. CERTIFICATION (Read and Sign after completing all appropriate sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act, with any regulations and orders issued pursuant to this Act, and with the requirements for obtaining a permit required under this Act.

Please be advised that signature by an individual on this document indicates that he/she owns the subject storage tank and, in effect, represents to the Department that the individual owns the storage tank and is aware of those responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act and its regulations. Please be further advised that this registration is made subject to the penalties of 18 PA. C.S. Section 4904 relating to unsworn falsification to authorities.

Name and Official Title of ~~Owner~~ Commission Rep	Signature	Date Signed
James J. Eden / Facilities Mgr.	James J. Eden	3/30/96

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